



**DENTAL BOARD OF CALIFORNIA**  
 1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241  
 TELEPHONE: (916) 263-2300  
 FAX: (916) 263-2140



## ORAL & MAXILLOFACIAL SURGERY PERMIT APPLICATION

Sections 1638-1638.5  
 Business & Professions Code  
 Title 16, California Code of Regulations  
**Sections 1043-1043.5**

### Office Use Only

Receipt No. \_\_\_\_\_ RC No. \_\_\_\_\_  
 Date \_\_\_\_\_ Amount \_\_\_\_\_  
 OMS Permit \_\_\_\_\_ Date Issued \_\_\_\_\_

**APPLICATION FEE: \$150 FINGERPRINT FEE: \$ 56**

(both must be included with application)

Section 1638(d) Business & Professions Code

**FILING FEE IS NON-REFUNDABLE**

*Please type or print*

Full Name: \_\_\_\_\_

Street Address (Primary Practice): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

California Medical License No. \_\_\_\_\_ Date Issued \_\_\_\_\_

Has discipline been taken against this license? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain \_\_\_\_\_

Attach an original certification of licensure from the California Medical Board \_\_\_\_\_

Dental License Number(s) \_\_\_\_\_ State(s) of Issuance \_\_\_\_\_

Issue Date(s) \_\_\_\_\_

Has discipline been taken against license(s) or has license been surrendered? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain: \_\_\_\_\_

**Attach documented proof of your certification or eligibility for certification in OMS by a specialty board recognized by the Commission on Accreditation of the American Dental Association and include the second copy of the Live Scan request with the OMS application.**

Provide **Out-of-State Licensure Certification** from each state in which you are, or were, licensed.

**Certification** - I certify under the penalty of perjury, under the law of the State of California that the foregoing is true and correct. I hereby request a permit issued by the Dental Board of California to practice oral and maxillofacial surgery in the State of California.

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Signature of Applicant

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Date

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### FINGERPRINT CARDS

The fingerprint-processing fee is \$56.00. This fee is subject to change and is determined by the Department of Justice and the Federal bureau of Investigation.

The Board requires two (2) classifiable fingerprint cards or *Live Scan* fingerprinting to complete this application. Classifiable means the prints can be read by the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). Fingerprints taken by a large local law enforcement agency usually are classifiable. A permit will not be issued until clearance has been received by the DOJ and the FBI, which may take 2-3 weeks or more.

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#### ATTACH TO THIS APPLICATION:

1. Documented proof of your certification as a Diplomate or your certification of eligibility in oral and maxillofacial surgery by the specialty board recognized by the Commission on Accreditation of the American Dental Association.
  2. Original certification of licensure from the Medical Board of California.
  3. A completed Out of State Dental License Certification for each state in which you have been issued a dental license. A blank certification form is provided with this application.
  4. The second copy of the *Live Scan* fingerprinting request form or two classifiable sets of fingerprints.
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**NOTE:** If you wish to administer or order the administration of general anesthesia, you will need to contact the Board office and request an application for a general anesthesia permit.